## COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL DESIGN NATIONAL STAGE OF PCT SUPPLEMENTAL DIVISIONAL

CONTINUATION OR CIP)	4 <i>L</i> ,
As a below named inventor, I hereby declare that:	
TYPE OF DECLARATION	
This declaration is of the following type: (check one applicable item below)	
the same of the sa	
☑ original ☐ design	
NOTE: if the declaration is for an International Application being filed as a divisional, continuation or continuati part application do <u>not</u> check any of next two items and check appropriate one of at last three items.	on-in-
■ national stage of PCT □ supplemental	
NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVIS CONTINUATION OR CIP	SIONAL ,
☐ divisional (	
INVENTORSHIP IDENTIFICATION	
WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the of all the claims at the time the last claimed invention was made, should be submitted)	wnership
My residence, post office address and citizenship are as stated below next to my a believe I am the original, first and sole inventor ( <i>if only one name is listed below</i> original, first and joint inventor ( <i>if plural names are listed below</i> ) of the subject matter is claimed and for which a patent is sought on the invention entitled:	) or an
TITLE OF INVENTION	
PROCESS FOR OBTAINING SPATIALLY-ORGANISED NANOSTRUCTU	JRES
ON THIN FILMS	
SPECIFICATION IDENTIFICATION the specification of which: (complete (a), (b) or (c))	
(a) ■ is attached hereto.  (b) □ was filed on as □ Serial	No.
or   Express Mail No., as Serial No. not yet known	
(i) applicable	<i>9</i> .

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter or encompassed in the statement of invention or claims. See 37 CFR 1.67.

		T International Application mended under PCT Article 19			
ACKNOV	VLEDGEMENT OF RI	EVIEW OF PAPERS AND	DUTY OF CANDOR		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56 (a).					
☑ In compliance	☑ In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.				
	PI	RIORITY CLAIM			
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.					
	(c	omplete (d) or (e))			
	<ul> <li>(d) □ no such applications have been filed.</li> <li>(e) ■ such applications have been filed as follows.</li> </ul>				
NOTE: Where item priority check item	NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.				
		ON(S), IF ANY FILED WI PRIOR TO THIS U.S. APP			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITYCLAIMED UNDER 37 USC 119		
ITALY	BO2002A000759	DECEMBER 4, 2002	▼ YES □ NO		
WIPO	PCT/EP2003/013594	DECEMBER 2, 2003	▼ YES □ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO.		
		(S), IF ANY FILED MORE N) PRIOR TO THIS U.S. A			

#### **POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and Registration number)

Daniel J. O'BYRNE (Reg. No. 36,625)

SEND CORRESPONDENCE TO:

MODIANO & ASSOCIATI

Via Meravigli, 16

20123 MILANO – ITALY

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

MODIANO & ASSOCIATI
(+39) (02) 85.90.77.77

EURQPE-

#### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of any patent issued thereon.

### **SIGNATURE(S)**

/W						
	Full name of sole or first inventor: Fabio BISCARINI					
	Inventor's signature:					
	Date: May 25, 2005 Country of Citizenship: ITALY					
	Residence: Via Brunelli, 4 - 40134 BOLOGNA - ITALY					
	Post Office Address: Same as above					
2-	$\omega$					
0	Full name of second or joint inventor, if any: Massimiliano CAVALLINI					
	Inventor's signature: //helle					
	Date: May 25, 2005 Country of Citizenship: ITALY					
	Residence: Via Lucca, 3 - 40038 VERGATO - ITALY					
	Post Office Address: Same as above					
2-	رن ا					
)	Full name of third or joint inventor, if any: David A. LEIGH					
	Inventor's signature:					
	Date: May 25, 2005 Country of Citizenship: GREAT BRITAIN					
	Residence: 13, Great Stuart Street - EDINBURGH EH3 7TP - GREAT BRITAIN / 2-3					
	(0,0)					
	Post Office Address: Same as above					

4.	رى
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Full name of fourth or joint inventor, if any: Francesco ZERBETTO					
Inventor's signature:					
Date: May 25; 2005 Country of Citizenship: ITALY					
Residence: Strada Maggiore, 14 - 40125 BOLOGNA - ITALY					
Post Office Address: Same as above					
Full name of fifth or joint inventor, if any:					
Inventor's signature:					
Date: Country of Citizenship:					
Residence:					
Post Office Address:					
Full name of sixth or joint inventor, if any:					
Inventor's signature:					
Date : Country of Citizenship:					
Residence:					
Post Office Address:					
Trill name of accepts an inint inventor if any					
Full name of seventh or joint inventor, if any:					
Inventor's signature:					
Date: Country of Citizenship:					
Residence:					
Post Office Address:					

(Declaration and Power of Attorney [1-1] - page 4 of 5)

# CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S) FORM A PART OF THIS DECLARATION

Signature for third and subsequent joint inventors. Number of pages added
Signature by administrator(trix), executor(trix) or legal representative for deceased of incapacitated inventor. Number of pages added
Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
* * *
Added pages to combined declaration and power of attorney for divisional, continuation or continuation-in-part (CIP) application.
□ Number of pages added
* * *
o further pages form a part of this Declaration then end this Declaration with this page and ck the following item.
This declaration ends with this page